

Arizona Department of Water Resources Water Management Support Section P.O. Box 33589 Phoenix, Arizona 85067-3589 (602) 771-8500 • (800) 352-8488 www.azwater.gov

Request to Change Well Information

Review instructions prior to completing form in black or blue ink.

❖ You must include with your Notice:

check or money order for any required fee(s)

Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-113(B)

** PLEASE PRINT CLEARLY **

FILE NUMBER
WELL REGISTRATION NUMBER
FF
55 -

** PLEASE PRINT CLEARLY **									
SECTION 1. REGISTRY INFORMATION									
Well Owner	Location of Well								
FULL NAME OF COMPANY, ORGANIZA	TION, OR INDIVIDUAL	WELL LOCATION	ON ADDRESS	(IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE		
					1/4	1/4	1/4		
CITY / STATE / ZIP CODE		LATITUDE	1	l	LONGITUDE		1		
		0	'	"N	0	'	"W		
CONTACT PERSON NAME AND TITLE		Degrees Minutes Seconds Degrees Minutes Seconds METHOD OF LATITUDE/LONGITUDE (CHECK ONE) □ *GPS: Hand-Held							
CONTACT FERSON NAME AND THE									
	USGS Quad Map Conventional Survey *GPS: Survey-Grade *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)								
TELEPHONE NUMBER	☐ NAD-83 ☐ Other (please specify):								
	COUNTY ASSESSOR'S PARCEL ID NUMBER COUNTY WHERE WELL IS LOCATED								
		воок	MAP		PARCEL	15 LOCATE	D		
Type of Request (CHECK ONE)									
☐ Change of Well Drilling Contractor ☐ Change of Well Ownership ☐ Change of Well Information									
(Fill out Section 2)	(Fill out Section						ection 4)		
OFFICIAL DESCRIPTION OF A STATE OF THE STATE									
			•	. ,	to the new		\$10 FEE		
If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.									
Current Well Drilling Contra		New Well	Drilling C	ontracto	r				
FULL NAME OF COMPANY, ORGANIZA		FULL NAME O				/IDUAL			
,									
DWR LICENSE NUMBER	DWR LICENSE NUMBER		ROC LICENSE CATEGORY						
TELEPHONE NUMBER	FAX	TELEPHONE N	TELEPHONE NUMBER			FAX			
TEEL HONE NOMBER	1700	TEEE! HORE!	TOMBLIT		1700				
SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP (\$10 Fee Required) \$10 FEE									
	re than one well and the names ar) fee is red	uired.				
Previous Well Owner	New Well Owner								
FULL NAME OF COMPANY, ORGANIZA	TION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL							
MAILING ADDRESS	MAILING ADDRESS								
OITY / OTATE / ZID OODE	COTY / OTATE / 7ID CODE								
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE								
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE								
TELEPHONE NUMBER	FAX	TELEPHONE N	NUMBER		FAX				
SECTION 4. CHANGE OF W	ELL INFORMATION (No Fee Re	auired)					NO FEE		
	,								
NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.									
EXPLAIN									
CECTION E ORTIONAL DV PROPERTY OWNER AND WELL OWNER ONLY									
SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level									
measurements at this well. (See instructions.)									
SECTION 6. WELL OWNER SIGNATURE									
I HEREBY CERTIFY that the abo	ove statements are true to the besi	t of my knowle	edge and be	elief.					
TYPE OR PRINT NAME AND TITLE		SIGNATURE C	OF WELL OWN	IER			DATE		